

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001490

Entity Name: NATIONAIR INSURANCE AGENCIES, INC.

FILED
Mar 13, 2006
Secretary of State

Current Principal Place of Business:

595 BELL AVENUE
CHESTERFIELD, MO 63005

New Principal Place of Business:

Current Mailing Address:

595 BELL AVENUE
CHESTERFIELD, MO 63005

New Mailing Address:

FEI Number: 43-1188120 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORELL, PETER
200 SOUTH HARBOR CITY BLVD.
STE 301
MELBOURNE, FL 32904 US

Name and Address of New Registered Agent:

TORELL, PETER
200 SOUTH HARBOR CITY BLVD.
STE 301
MELBOURNE, FL 32901 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

03/13/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BAUER, JEFFREY
Address: 3809 ILLINOIS AVENUE - STE 100
City-St-Zip: ST. CHARLES, IL 60174

Title: S () Delete
Name: SCHROEDER, WILLIAM
Address: 595 BELL AVENUE
City-St-Zip: CHESTERFIELD, MO 63005

Title: D () Delete
Name: WILLIAMS, HAROLD E
Address: 3431 AVIATION ROAD - STE 140
City-St-Zip: LINCOLN, NE 68524

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BAUER, JEFFREY M
Address: 1525 KAUTZ ROAD - STE 100
City-St-Zip: WEST CHICAGO, IL 60185

Title: S (X) Change () Addition
Name: SCHROEDER, WILLIAM V
Address: 595 BELL AVENUE
City-St-Zip: CHESTERFIELD, MO 63005

Title: D (X) Change () Addition
Name: BAUER, JEFFREY M
Address: 1525 KAUTZ ROAD - STE 100
City-St-Zip: WEST CHICAGO, IL 60185

Title: VP () Change (X) Addition
Name: KAISER, THOMAS J
Address: 1525 KAUTZ ROAD - STE 100
City-St-Zip: WEST CHICAGO, IL 60185

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM V. SCHROEDER

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03/13/2006

Electronic Signature of Signing Officer or Director

Date